

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

BEST AVAILABLE COPY

	CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12	1							
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23	1							
24								
25								
26								
27								
28								
29								
30	1							
31								
32								
33								
34								
35								
36								
37								
38	1							
39								
40								
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
TOTAL IND.	5							
TOTAL DEP.	24	←	↓	←	↓	←	↓	
TOTAL CLAIMS	24							